



## ARIZONA STATE RETIREMENT SYSTEM (ASRS) MILITARY CALL-UP

PLEASE PRINT

COMPLETE AND SEND TO:  
ASRS – Member Services  
PO Box 33910  
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000  
Tucson (520) 239-3100  
Toll-Free (800) 621-3778  
TTY (602) 240-5333  
Fax (602) 240-5340  
www.azasrs.gov

### STEP 1

Employee provides a DD-214 or equivalent to their employer who will substantiate military service due to military call-up.

### STEP 2

Employers complete this form in its entirety using dark ink. The employer should submit both the completed form and the DD-214 or its equivalent to the ASRS. If the employee died as a result of active duty, a death certificate should be provided. The ASRS will mail an invoice to the person entered in "Employer Contact Name" below.

### Restrictions

- An active ASRS member who is also a member of the Arizona National Guard or the United States military reserves and volunteers or is ordered into active military service as part of a federal military call-up is eligible to receive ASRS credited service time while on active duty.
- The employee must be honorably separated from active duty and return to the same employer within 90 days of either discharge from active duty or release from service-related hospitalization, be disabled and unable to return to work (effective 07/01/2007 to 06/30/2009), or have died during active military service.
- The employer must pay both the employee and employer contributions in lump sum upon return to work or receipt of a death certificate. These contributions are based on the salary the member would have earned if the member had not volunteered or been ordered into active service.
- The employee can receive a maximum of 60 months of ASRS credited service as military call-up.
- Any military call-up service over the 60 months may be purchased by the employee as Military Service. The employee should contact the ASRS directly to submit a 'Military Service' service purchase request.

### **To be completed by the Employer:**

<b>SECTION 1 – Member Information</b>			
Social Security Number	Member Name (Last)	(First)	(Middle Initial)
<b>SECTION 2 – Military Service Due to Military Call-Up</b>			
Start Date of Call-Up Service: (MM/DD/YYYY)		Did member receive paid leave during this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
End Date of Call-Up Service: (MM/DD/YYYY)		Returned to Work Date: (MM/DD/YYYY)	
List Salary for each fiscal year. <b>Note:</b> Salary must be based on fiscal year, not calendar year and <u>must</u> include any pay increases that would have been earned.			
Fiscal Year (Example 2001/02)	Salary for the Fiscal Year	Fiscal Year (example 2001/02)	Salary for the Fiscal Year
1)		4)	
2)		5)	
3)		6)	
<b>SECTION 3 – Employer Information</b>			
Employer Name			
Employer Address		City	ZIP
Employer Contact Name		Employer Telephone Number (      )	Employer Fax Number (      )
Employer Contact Signature			Date

